FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Jushi James Aguilera Daytime Telephone:	18 SEP 20 AM 10: 55
New Member of or Candidate for State: Call formia U.S. House of Representatives District: 19 Check if Amendment Candidates - Date of Election:	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?	gh the reporting yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No Vears?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESI	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	fave you excluded Yes 🔲 No 🗹
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	t all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Justin James Aguiters Page_

1				ξ.	કું દું ક	\$5,0 mmon for proving that that the business of the proving that the business of the proving the provi	ď	# 5 Por	(do Proximal		-
	CANDINCE	To a		Examples:		\$5,000, list every financial inserest-bearing accounts. \$5,000, list every financial irreset-barrons than \$1,000 in interest-barrons than \$1,000 in interest-barrons are active and provide a complete address frental property," and a city and for an ownership interest in a stat is not publicly traded, is geographic location in Block A. Seculuda: Your personal reside fromes and vacation homes (uniformed uning the reporting beinterest in, or income derivativement program, including the fire you report a privately-tractice and investment fund, ploon. If you so choose, you may including the your so choose, you may including the your so choose, you may including the your so choose, you may include the your so choose	bank and othe	all IRAs and (k) plans) proving account that e	recoming (c) sections as production of income a succeeding \$1,000 at the and (b) any other reports which generated more moome during the year, noome during the year, do not use only ticker s	Assets ar	
	data)		ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	reaching (a) section easer, head for investment, or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'uneamed' income during the year. Provide complete names of stocks and mutual funds (do not use only toker symbols).	Assets and/or Income Sources	BLOCK A
	ाम)					ition where the relation where the relation, e fate. Italia. Ita	the armo	ins (sud asset h	market orting properties of in	Urces	
			×_		Ę	estment, or, e.g., of the and lts arental finderal ggs Plan. It is an he 'EIF' whe (JT), or (SP) or whe (JT), asset or (SP) or whe (JT).	in in	* 65 34 SE 34	funds		
		W.				None	A		was a v specify If an ass only be "None." "Column child in		
						\$1-\$1,000	60		insocate reason in cooper of uses a receipt than specify the method used. If an asset was sold during the report only because it generated incom "None." *Column M is for assets held by yichild in which you have no interest.		
				Indefinite		\$1,001-\$15,000	0	_	luatio luatio le me et was ause M is		
			_	100		\$15,007-\$50,000	D		thod it g		
	*				×	\$50,001-\$100,000	μı		used used durit lenen lesset	. ≤	
				L	L	\$100,001-\$250,000	חר		other interest	=	Ę
			<u>×</u> _			\$250,001-\$500,000	ရ		r tha	of A	BLOCK B
Щ				igspace		\$500,001-\$1,000,000	*		use a valuation method other than fair market value, please specify the method used. If an asset was add during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	00
		×	<u> </u>	 		\$1,000,001-\$5,000,000	~	4	peric the spou	#	
		ン	<u> </u>	-		\$5,000,001-\$25,001,000	•	4	ket v od an value		
			<u> </u>	┝		\$25,000,001-\$50,000,000		_	alue, sho		
				╀		Over \$50,009,800	_	-	plea	R.	
	*		_	┝		Spouse/DC Asset over \$1,000,000* NONE	Z	4—			
	1	*		╀		the same of the property of the same of th		-	that generate lax-deferred ad1(k), IRA, or 529 account the Tax-Deferred columnterest, and capital interest, and capital relivested, must be discorded to assets held in taxable for assets held in taxable through the reporting period during the reporting period.		
-				\vdash	×	DIVIDENDS	—		enera IRA IRA eta the		
-			<u> </u>	\vdash		RENT :		_	and and held	Ϋ́	
			<u> </u>	\vdash		INTEREST			ratis tax-deferred income Ak, or 529 accounts), you -Deferred" column. and capital galins, d. must be disclosed a sheld in taxable account the asset generated to reporting period.	Type of Income	E E
				╁-		CAPITAL GAINS		_	ferred in counts), column. sital ga disclose xable ac generat seriod.	=	BLOCK C
			<u> </u>	<u> </u>		EXCEPTED/BLIND TRUST		4	gain close parte	. 6	C
			_	L		TAX-DEFERRED			Series Diame	*	
			Partnership	Royalties		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)			that generals lax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.		
		·				None	-		assets capital Check "Colun		
			<u>_</u>	\perp	×	\$1-\$200	=		asser that in ck. N		
			<u> </u>	-			=		dicat dicat alna one"		
			<u> </u>	 			₹ ,	,	whice the ethe		
	_			<u>×</u>			_	[]	inco		
			×	+			V W W	<u> </u>	agory meline me w		
	*	 		+			// VIII	š I	of in the state of interest of interes		
-	-	×		+			× ×	•	For assets for which you checked "Tax-Deterred" in Block C. you may check the "None" column. For all other assets indicated the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
		,		T			×		by e by uset b	≥	
	<u> </u>		_	T			×		checi checi enen	JOE TO	
						The state of the s	¥.		king king ated.	Amount of Income	5
						None	-		ed a	읔	פרטכא ט
						\$1-\$200	=		sppro since ntchi	CO	٠
					X	\$201-\$1,000	=		oma priat priat priat priat priat priat priat priat priat priat priat priat priat priat ld in	Ħ	
				_		\$1,001-\$2,500	₹.	•	whice whice		
			<u> </u>	Ļ		\$2,501-\$5,000	/ V W W		asse h you		
				<u>×</u>			≤ E	<u> </u>	to have have		
-	1		<u>×</u>	+			<u> </u>	[e no		
	*	~		+			VIII	2	dend n tax inten		
			 - -	-			<u>~</u>		est.		
-						\$1,000,001-\$5,000,000	×		~ 3 7		
				+-		Over \$5,000,000	×		C Z a		

																		Г		н	н	- (4	A Still	1	9		ľ	1	t		1	1						T					I.			
	_			-																_										_	_	\dashv	_	_		\dashv	_	_		-	\dashv		\dashv	\dashv		\dashv
BLOCK A	4	ŀ	ŀ	ŀ			P	BLOCK B	Φ.		ı		-1						BLOCK C	Š	· ·			T	ĺ						1	ı	1	<u></u>	BLOCK D	õ										
Assets and/or Income Sources						¥a	=	Value of Asset	88	9							-	Ă	Type of Income	Σ	ĕ	•											Ž	Ĕ	ġ	Ĭ	Amount of Income	4								
						1					l																																			
		-		,	,]	1	4.	>		-	.]	<		2	.,				-					П				Ε	Current Year	¥	ä				_				7	90	Preceding Year	ξ	ar			
		>	-		0	LLJ.	'n	ဓ	*	-	-	*	-	2								·		-	#	12	₹	<	\$	¥ VIII		R	×	\$	ĕ	-	=	*	₹	_	≤ S	W VIII	R	×	à	×
					. "), 000°			7.						c e.g., icome)												vu,000°											
			, -		XÓ .	000	000	,000	10,000	000,000	1,000,000 ·	50,000,000	100	set over \$1,000,					/			50	ncome (Specify: ome or Farm Inc						0					· · · · · · · · · · · · · · · · · · ·	ome over \$1,000											
	Alexan	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$200,00	\$250,001-\$500,00	\$100,001-\$1,000	\$1,000,001-\$5,00	\$1,000,001-125,0	\$25,000,001-\$50,	Owr \$50,000,000	Spouse/DC Asset	NONE	DIVIDENDS	REVIT	INTEREST	CAPITAL GAINS	***	EXCEPTED/BLIN	TAXOEFENAED	Other Type of Inc Partnership Incom	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,301-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,00	\$100,001-\$1,000	\$1,000,001-\$5,00	Over \$5,000,000	Spouse/DC Incom	Mone et enno	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000 \$15,001-\$50,000	\$50,001-\$100,00	\$100,001-\$1,000	\$1,000,001-\$5,00	Over \$5,000,006	Spouse/DC Incom
ASSET NAME EIF	74			2 45 75					10 10 1										1					7																						
Home	-				*					×					72		2.3		7.													*											/	•		
				-					. "													·										-	 				\vdash	-		-	 			+	 - 	
		-		·							11.		,		3.5		1.7	1	1.		_	Ŀ							<u></u>		 	<u> </u>	 	 	-	-	₩	 	 	-	-	+	+	\vdash	 	+
	-	-	(4)%	 							· :		3,000						-		_	<u> </u>							<u> </u>		<u> </u>		-		-		-	<u> </u>	-		-	\vdash	-		<u> </u>	
		ومودة	أنشحا		7						+ A																		<u> </u>		<u> </u>		<u> </u>		—			\vdash			-	\vdash	-	<u> </u>	\vdash	\vdash
			<u> </u>								12		,	19.7			. 4.					ξ.												<u> </u>							-		ļ			
				-7-	`		ì																																							
							- `																																			-			_	
											ĺ									- 4																									_	-
																				147.7																									-	
														7.114																									_					<u> </u>	_	
		· · · ·																																											_	
																															ļ															
																																						_	_							
																Ī				-				_												_	_					_				

\$ 8,F

SCHEDULE C - EARNED INCOME

Name: Justin	
James Ag	
Agúilers	
Page	
of 	

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	it is \$28,050. In addition, cert taff.	ain types of income (notably honorari	a, director's fees, and payments for
		Amo	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Batitimore, MD (July 15)	Honorarium	\$0 \$0	\$500
Examples: Civil War Roundtable (Oct. 2) Child War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
BBBB Bonding Coep.	splany	50,000	68,000°
	Squist Salany	A A AMBOOM	55,384

SCHEDULE D - LIABILITIES

	Name:	
, , , , , , , , , , , , , , , , , , , ,	Jysty	
	JAME	
(S Arm	
	<i>ساوح</i> د	
	Page_	
	of _	
I		

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

			SP. DC, JT		
	6	Example			
	Centar	First Bank of Wilmington, DE	Creditor		
	hy.	5/98	Date Liability Incurred MO/YR		
	Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	to	
			\$50,001- \$100,000	0	
		×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	L#	moun
	×		\$500,001- \$1,000,000	Τī	Amount of Liability
			\$1,000,001- \$5,000,000	၈	ability
			\$5,000,001- \$25,000,000	Œ	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	٤.	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

)	mouthing Director	BDBB Bonding Coap (Directa)	Position
		Global Sugar Industries Inc.	BBB Bonding Conp	Name of Organization

SCHEDULE F AGRETMENTS

SCHEDO	SCHEDOLE - AGNEEMENTS	Name: Justin James Agrilers Page of
Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is employer.	e with respect to: future employment; a leave of absence during the period of government service; enment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement
	27	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Beaching the and any information considered compensation as a reservoir	government and any mindring communicated as a result of a privileged relationship recognised by here. For referent network moves on consense of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NA	

FILER NOTES (Optional)

Name: Justin James Asilera Page_] 유

	į							NOTE
					,			
				:				NOTES
1								TES
	ī.							

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

SEP

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

Indicate Your Status: (Select One)

Dear Madam Clerk:



Over \$5,000
Threshold Not
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal of Candidacy

This is to notify you that under the laws of the state of _______,

I withdrew my candidacy for the U.S. House of Representatives on _______.

[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Justin Aguilera

State: California District: 19

Date: 8/25/18

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601